

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

05-01-2006 90292 023 ***150.00

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1. Entity Name
JOHN TODD SALES, INC.



Principal Place of Business
**2510 HARBOR VIEW DRIVE
 MATLACHA, FL 33993**

Mailing Address
**2510 HARBOR VIEW DRIVE
 MATLACHA, FL 33993**



01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0226954	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TODD, JOHN B
 2510 HARBOR VIEW DRIVE
 MATLACHA, FL 33993**

**DO NOT WRITE
 IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature is required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P	TODD, JOHN B 2510 HARBOR VIEW DRIVE MATLACHA, FL 33993
TITLE V	TODD, JOHN B 2510 HARBOR VIEW DRIVE MATLACHA, FL 33993
TITLE S	TODD, JOHN B 2510 HARBOR VIEW DRIVE MATLACHA, FL 33993
TITLE T	TODD, JOHN B 2510 HARBOR VIEW DRIVE MATLACHA, FL 33993
TITLE NAME	
TITLE NAME	

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John B. Todd 6/30/06 239 410 0489
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #